CANDIDATE	/ OFFICE	HOLDER
CAMPAIGN	FINANCE	REPORT

P.O. Box 12070

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE /	MS / MRS / MR FIRST	MI	OFFICE USE ONLY	
OFFICEHOLDER	A. A			
NAME	MS AUDIFY NICKNAME LAST	SUFFIX	Date Received	
	TINA CANNON			
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #: CITY;	STATE: ZIP CODE	2011	
MAILING	8806 TALLWOOD \$53			
ADDRESS	AUSTIN TK 78759		Date Hand-delivered or Postmark	
change of address	11 1/01/21		Receipt # Appyint 22	
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	27	
OFFICEHOLDER		EXTENSION	Date Processed	
PHONE	(512) 922-2511		PT Y	
6 CAMPAIGN	MS/MRS/MR FIRST	MI	Date Imaged	
TREASURER	RAUL CALVOZ		ER I	
NAME		CUEFO		
	NICKNAME LAST	SUFFIX	6	
Z CAMBAIGN	CTOSET ANNOSCO (NO DO DOV DI SACE). ADT JOHITE 4.	CITY. CTATE.	310,0005	
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #:	CITY; STATE:	ZIP CODE	
ADDRESS	900 CONGRESS AVE #210	HUSTIN TY	78701	
(residence or business)	·			
	ADEL CODE DUCKE WILLIAMS	EVERYOU		
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION		
PHONE	(512) 814- 6250			
9 REPORT TYPE		from	15th day allow annualing	
	January 15 30th day before election	Runott	15th day after campaign treasurer appointment	
			(officaholder only)	
	July 15 8th day before election	Exceeded \$500	Final report (Attach C/OH - FR)	
10 PERIOD	Month Day Year	Month Day	Year	
COVERED	THROUGH	10 55	/ ^	
	09/26/204	10 /25/	2014	
11 ELECTION	ELECTION DATE ELECTION TYPE			
	Month Day Year Primary	Runoff	General Special	
	11 /04 / 2014			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)		
		Plan Course	12 - Dustanet 10	
		Uly (DUNC	16 - Outher 1	
	COTODA	`E 0		
	GO TO PAG			
<u> </u>				

CANDIDATE/OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME			ACCOUNT # (Ethics Commission Filers)	
	TINA CA	NNIN		
16 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR COMMITTEE(S)				
	COMMITTEE TYPE	COMMITTEE NAME		
		·		
	GENERAL	COMMITTEE ADDRESS	<u> </u>	
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
additional pages	÷			
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
				
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1155	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$			
	4. TOTAL POLITICAL EXPENDITURES \$ 2872-87			
CONTRIBUTION BALANCE	4. TOTAL POLITICAL EXPENDITURES \$ 2872_87 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 4.87.78			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			
18 AFFIDAVIT				
JENNIFER RICHARDSON Notary Public, State of Texas My Commission Expires February 17, 2018 I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under title 15, Election Code. Signature of Candidate or Officeholder				
AFFIX NOTARY STAM	P / SEAL ABOVE			
	of <u>Oct</u>	me, by the said <u>Tina Cannon</u> , 20 14 , to certify which, witness my	hand and seal of office.	
_ g Rich	indson	Jennifer Richardson	Notary	
Signature of officer admi	nistering oath	Printed name of officer administering oath	Title of officer administering oath	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

					
	The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A: Y
2	FILER NAME	TINA CANNON		3 ACCOUNT # (E	thics Commission Filers)
4	Date	5 Full name of contributorout-of-state PAC(ID#:_ MICHAUE GLAY		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	9/30	6 Contributor address: City: State; Zip Code 4919 ELISABETH JAWE CT	78730	100	
		· •		(If travel outside	of Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions) #OMEMATERL	10 Employer (See	Instructions)	
	Date	Full name of contributor		Amount of	In-kind contribution
	10/08	MARK COODERCH		contribution (\$)	description (if applicable)
	lujuj	Contributor address; City; State; Zip Code 8028 JESTEL Aus Tx 3	780Kx	350	
		1028 JESTEPE FINS IF	70 7-70		
			g - ''	(If travel outside	of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions) RETINE	Employer (See		
	Date	Full name of contributor 🔲 out-of-state PAC (ID#:_		Amount of	In-kind contribution
		SARAH GOVOFHEND		contribution (\$)	description (if applicable)
	10/13	Contributor address; City; State; Zip Code		100	<u> </u>
		1500 W 24th Aw TX	78723		
				l- · · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
	Principal occup	bation / Job title (See Instructions) ECONOMIST	Employer (See I	Instructions)	
	Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/14	Contributor address: City; State; Zip Code 2元7 Staa(たんん Ava	Tx 78744	3 5 0	
				(If travel outside	I of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions)	
	Date	Full name of contributor Gout-of-state PAC (ID#:_ RICHAND BACCUS)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/5	Contributor address: City; State; Zip Code		50	
				(If travel outside o	l of Texas, complete Schedule T}
_	Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
		anner	ABC 1.	Acunn	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

POLITICAL C	ONTRIBUTIO	NS
OTHER THAN	PLEDGES (OR LOANS
The Instruction	Guide explains how to	complete this form.

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
ļ	TINA CANNON			
				
4 Date	5 Full name of contributor Out-ol-state PAC (ID#:_		7 Amount of contribution (\$)	8 In-kind contribution Geographical (if applicable)
	Hmy Juliad		COMPOSITION (S)	description (ii applicable)
)	Amy Julied 6 Contributor address: City: State: Zip Code 4014 Dry CREAL Aus 7		<i></i>	
10/24	Chy Clare, 2p obde		30	1
, , , ,	4014 DRY CREEK HUST,	× 7873/		•
	·		(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
	RETILED	NONE		
Date	Full name of contributor ut-of-state PAC (ID#:_	1	Amount of	In-kind contribution
	KARL-THOMS MUSSEL	-0-1	contribution (\$)	description (if applicable)
		مكت	,	1
10/24	Contributor address; City; State; Zip Code		15	
1.100	289 FOSTEL F224 AUSTR	78717	J . 3.	
	224	7 - 7 -		
	<u> </u>	T		of Texas, complete Schedule T)
Principal occu,	pation / Job title (See Instructions) W.M	Employer (See I	Instructions)	
		·	EUI	
Date _.	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Kruey DuyEr		00111110011011 (0)	decempnent (in applicable)
1-1-1-	Contributor address; City; State; Zip Code			}
10/06	12703 SINET (1	158-11-	\$50	ļ
	Y SWEET CA	E		· [
	` <u> </u>		(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (St. structions)	Employer (See	nstructions)	
	49 pa Ney		af_	
Date	Full name of contributor Sout-of-state PAC (ID#) MACULIN + CARUYA E		Amount of	In-kind contribution
	Marcoun + CAROLLA TO	BULLIANI	contribution (\$)	description (if applicable)
ما به	Contributor address: City: State: 200 Code	VURNIU		
1 9/30	•		8/00	1
1 '	4205 SHOPL CREAL A	215 (X 78758	10	
		7 770	(16 A-a) al a dela-	1 T
Principal occur	pation / Job title (See Instructions)	Employe. 'See I		of Texas, complete Schedule T)
	HATEST	SOLF		
<u> </u>			mount of	In kind contribution
Date	Full name of contributor out-of-state PAC (ID#:		coning tion (\$)	In-kind contribution description (if applicable)
			·	· · · · · · · · · · · · · · · · · · ·
	Contributor address; City; State; Zip Code			I
		•		
		· · · · · · · · · · · · · · · · · · ·	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	`
	<u> </u>			
I				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

	EXPENDITURE	CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Co Solicitation/Fundrai Travel In District Travel Out OI Dist Office Overhead/R	ising Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
	The Instruction Guide		•	
1 Total pages Schedule F:	2 FILER NAME TINA PAN	nυΛ		3 ACCOUNT # (Ethics Commission Filers)
4 Date 10/25	TINA CAN 5 Payee name DEMOCRACY FMG	in NE	· · · · · · · · · · · · · · · · · · ·	
6 Amount (\$)	7 Payee address; / City; Sta	te; Zip Code		
46.72	ONLINE			
8 PURPOSE OF	(a) Category (See categories listed at the top	of this schedule)		If travel outside of Texas, complete Schedule T) Physical Processing
EXPENDITURE	FEES (9/26-10/27)	•	_	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought	· · · · · · · · · · · · · · · · · · ·
Date	Payee name			
10/09	CONSTANT CONTAC			
Amount (\$)		ile; Zip Code		.
43.94	850 avinay St	4402	washya	m De Zovil
PURPOSE OF	Category (See categories listed at the top	of this schedule)		If travel outside of Texas, complete Schedule T)
EXPENDITURE	4 overfry		EMAIL Check if AL	ustin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought	Office held
Date	Payee name			
10/25	NATION BUILDER,	com		
Amount (\$)	Payee address; City; Sta	te; Zip Code		
\$ 38	ONUNE			
PURPOSE OF	Category (See categories listed at the top	of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	FEE (9/26-10/25)		Check if A	ustin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought	Office held
Date / 6 / 7 &	Payee name CAL FILE			
Amount (\$)	C/10-	te; Zip Code		
292.45	DNUNE			
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Apreality			ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	,	Office sought	Office held
	ATTACH ADDITIONAL CO	OPIES OF THIS S	SCHEDULE AS N	NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

	EXPENDITURE CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dist Printing Expense Office Overhead/R	ising Expense		
	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F:	2 FILER NAME TINA CANNON	3 ACCOUNT # (Ethics Commission Filers)		
4 Date	5 Payee name Ton CIUIM			
6 Amount (\$)	7 Payee address; City; State; Zip Code	1		
900	2215 Town (need Zc) A	unto Tx 78741		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Contract LADA	Shuff Check If Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought Office held		
Date 10/14	Payee name WELS FAMGO	· · · · · · · · · · · · · · · · · · ·		
Amount (\$)	Payee address; City; State; Zip Code			
3	,			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (II travel outside of Texas, complete Schedule T)		
OF	Sec	COUNTER CITEZIAS		
EXPENDITURE	FEE	Check if Austin. TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held		
Date Lol 8	Payee name WEWS FAR SO			
Amount (\$)	Payee address; City; State; Zip Code	, , , , , , , , , , , , , , , , , , , ,		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) MONTHU BALL FEE Check if Austin, TX, officeholder living expense		
Complete ONLY it direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held		
Date	Payee name			
10/01	·			
Amount (\$)				
100	Trut Tom bone \$ 24 AT+	7974		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If traveloutside of Texas, complete Schedule T)		
Complete QNLY if direct	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
		· · · · · · · · · · · · · · · · · · ·		

9 Complete ONLY if direct

Check If Austin, TX, officeholder living expense

Office sought

POLITICAL EXPENDITURES

P.O. Box 12070

Candidate / Officeholder name

SCHEDULE F

Office held

			33233221
	EXPENDITUR	E CATEGORIES FOR BOX 8(<u> </u>
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule F:	The Instruction Guid	de explains how to complete this f	3 ACCOUNT # (Ethics Commission Filers)
4 Date /p/U/	5 Payee name FACEBOOK , C	om	
6 Amount (\$) 21. 44		State; Zip Code Mando Mam CA	94025
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the		on (It travel outside of Texas, complete Schedule T)

expenditure to benefit C/C	DH		
Date 9/27	Payee name MINUTENAN PRES		
Amount (\$) 334.48	Payee address: City: State: Zip Code / 22 (W. L. H. Street)	Augh 75 78	702
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (It travel outside of the Check if Austin, TX, officer	•
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held

Payee address; City; State; Zip Code Category (See categories listed at the top of this schedule)		
Category (See categories listed at the top of this schedule)	B	
	Description (If travel outside of the control of th	of Texas, complete Schedule T) holder living expense
Candidate / Officeholder name	Office sought	Office held
Payee name		
Payee address; City; State; Zip Code		<u></u>
Category (See categories listed at the top of this schedule)	Description (If travel outside of	
	Payee name Payee address; City; State; Zip Code	Candidate / Officeholder name Office sought Payee name Payee address; City; State; Zip Code Category (See categories listed at the top of this schedule) Description (If travel outside top of this schedule)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

expenditure to benefit C/OH

. POLITICAL EXPENDITURES **MADE FROM PERSONAL FUNDS**

SCHEDULE G

	EVENITURE CATECORIE		
Advantiaine Evopos	EXPENDITURE CATEGORIES		
Advertising Expense	Gitt/Awards/Memorials Expense Salaries/Wages/G		Loan Repayment/Reimbursement
Accounting/Banking Consulting Expense	Legal Services Solicitation/Fundation Food/Beverage Expense Travel In District	• •	Transportation Equipment & Related Expense
Event Expense	Polling Expense Travel Out Of Di		Contributions/Donations Made By Candidate/Officeholder/Political Committee
Fees	Printing Expense Office Overhead	. _ _	OTHER (enter a category not listed above)
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	The Instruction Guide explains how to	Complete mis for	m.
1 Total pages Schedule G:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
1	TINA CANNON		;
4 Date	5 Payee name		J
14/1			
10/01	TOM GUIAM		
6 Amount (S) 7,20	7 Payee address; City; State; Zip Code		
		1	-A - A /A:
Reimbursement from	7211 Tom LANE A ZOI	A74	78741
political contributions		•	
intended			
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)
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EXPENDITURE	Contract LABA	_ ンワ	1 10
	Continued char-	Check if A	uslin, TX, officéholder living expense
		-' -	
Date /	Payee name		
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	FTOME SIL-1		,,,,,,,
Amount (\$)	Payee address; City; State; Zip Code		
246.01	10515 H MOORE 1		
Reimbursement from	1051) V. NOPTC Aug	2 1825	9
political contributions intended		707	3 <i>1</i>
	Category (See categories listed at the top of this schedule)	Description	/// Level autoido of Tayno complete Schadule Ti
PURPOSE	Odlegory (See caregories issue at the top of this somewhit,	- I	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	. 1.	FLAMIN	405
EXTENDITE:	6 Au		U
	- 1 V		Matti, 17, onconorder interig expense
Date 👩 📗	Palvee name		
9/21	1 ,1 \		
' /	HOME DEPOT		
Amount (\$)	Payee address; City; State; Zip Code		
7 VI Q1			
LTV-71	LOSIS N NIMC 28759		
Reimbursement from political contributions	10211 14 11 11 10 131		
intended			
DI IDDAEE	Category (See categories listed at the top of this schedule)	Description	(if travel outside of Texas, complete Schedule T)
PURPOSE OF	, , , , , , , , , , , , , , , , , , ,		ni zus
EXPENDITURE	1 _h	T C''	ne you
——————————————————————————————————————		☐ Check if A	oustin, TX, officeholder living expense
Date	Payee name		!
L			
	,		
Amount (\$)	Payee address; City; State; Zip Code		
Amount (a)	Payee address, Oity, State, Air Code		
Reimbursement from political contributions			
intended	<u> </u>		
BUBBOSE	Category (See categories listed at the top of this schedule)	Description ((If travel outside of Texas, complete Schedule T)
PURPOSE OF			•
EXPENDITURE			
		Check if Au	ustin. TX, officeholder living expense
	<u> </u>		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS N	IEEDED